

## PART B - FEE(S) TRANSMITTAL

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23623 7590 06/12/2008

AMIN, TUROCY & CALVIN, LLP  
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/Rebecca Stanford/	(Depositor's name)
Rebecca Stanford	(Signature)
June 20, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,364	08/21/2003	Gilles Amblard	H1902 / AMDP981US	7431

TITLE OF INVENTION: COMBINATION OF NON-LITHOGRAPHIC SHRINK TECHNIQUES AND TRIM PROCESS FOR GATE FORMATION AND LINE-EDGE ROUGHNESS REDUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	09/12/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHACKO DAVIS, DABORAH	1795	430-311000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Amin, Turoway & Calvin, LLP  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ADVANCED MICRO DEVICES, INC.

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:  
 Issue Fee  
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 A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1063 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)  
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Himanshu S. Amin/

Date June 20, 2008

Typed or printed name Himanshu S. Amin

Registration No. 40,894

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